



Name		
Company		
Street Address		
City, State, Zip		
Email		
Phone	Fax	Home Phone

Date/Time in:
Date/Time out:
Customer P.O.
Shipping Via:

Sale
Work
Sch
Room

	MASTER TAPE TITLE	RUN TIME	FORMAT	SERVICE TYPE	DESTINATION	Q-TY
1						
2						
3						
4						
5						
6						
7						
8						
9						

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**TO: PERFECT VIDEO PRODUCTION SERVICES**

This is to inform you that we have full rights under the United States Copyright Act to duplicate the above programs. I agree to hold PERFECT VIDEO and it's assigns harmless in any litigation of violation of that may arise from the act of duplicating the above programs at our direction.

**Company Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (print)** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Label Information:**